



TEXAS  
Health and Human  
Services

# School Health and Related Services (SHARS)

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## Navigating STAIRS System: Step-by-Step Guide

# Cost Report Training Credit

**Q: How do I determine if I have training credit for the SHARS cost report?**

STATE OF TEXAS AUTOMATED INFORMATION REPORTING SYSTEM (STAIRS) Welcome, Rate Analysis Test ([Logout](#))

## Entity List

[Dashboard](#) [Cost Reporting](#) [Manage](#)

[Manage Contacts](#) | [Upload Center](#)

[Add Preparer](#) [Reference Materials](#)

**Rate Analysis Test**  
[Edit My Info](#)

**Preparer Test Account**  
Pamela.Minton@hhsc.state.tx.us  
For State Use Only  
Austin, TX 78758  
Phone: 123456789

**Your Roles**

- 164800000 - SHARS
  - 2019 Preparer (Primary)
  - 2020 Preparer (Primary)
- 100003001 - MEI
- 100003002 - MEI
- 100003003 - MEI

**Ian Doughty**

Roles	Actions
<ul style="list-style-type: none"><li>164800000 - SHARS<ul style="list-style-type: none"><li>Financial Contact (Secondary)</li></ul></li></ul> <a href="#">edit</a> <a href="#">delete</a>	

**Pam Mintonzzz**

Roles	Actions
<ul style="list-style-type: none"><li>100001001 - CPC<ul style="list-style-type: none"><li>Entity Contact (Primary)</li></ul></li><li>100001002 - CPC<ul style="list-style-type: none"><li>Entity Contact (Primary)</li></ul></li></ul>	

**Training credit for 2019 & 2020**



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# Designating or Adding a Cost Report Preparer

## Q: How do I designate or add a Preparer?

Dashboard | Cost Reporting | **Manage**

[Manage Contacts](#) | [Upload Center](#)

[Add Preparer](#) **Select Add Preparer** [Reference Materials](#)

Rate Analysis Test

[Edit My Info](#)

**Preparer Test Account**

Pamela.Minton@nhsc.state.tx.us  
For State Use Only  
Austin, TX 78758

**Ian Doughty**

[idoughty@fairbankslic.com](mailto:idoughty@fairbankslic.com)

TX

**Roles**

- 164800000 - SHARS
- Financial Contact (Secondary) [edit](#)

**Actions**

Dashboard | Cost Reporting | **Manage**

[Manage Contacts](#) | [Upload Center](#)

**Select Cost Report Year, Select Cost Report Type, Enter Last Name**

Preparer Search \*

Found 9 matching preparers.

Actions	First Name	Last Name	Program	Title	Email	Phone	Address	City	State	Zip
<b>Select</b>	Test	Mine	SHARS	School Finance Supervisor	email@email.com	123-456-7890	138 W CR 2160	Kingsville	TX	78363

**Select to designate a Preparer**



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# Viewing Cost Report Adjustments

**Q: How can I see what adjustments were made during the audit, desk review, and/or Informal Review period?**

Dashboard **Cost Reporting** Manage

## 2019 - Cost Report: 164900000 - SHARS -- ZZZ SHARS 1

✓ HHSC has determined that a cost report for this entity is not necessary for this reporting period. If you have any questions about this please contact HHSC by phone (512-438-2680) or e-mail ([costinformation@hhsc.state.tx.us](mailto:costinformation@hhsc.state.tx.us)). Thank You.

[Print](#) [View Cost Report Data](#) [Reference Materials](#) [Upload Center](#) [Help](#)

Cost Reporting Steps for 164900000 - SHARS

### REPORTING DISTRICT INFORMATION

✓ 1. SHARS Provider Data [view \(view adjusted\)](#) ← View adjustments made during the Desk Review / Informal Review

*Last Verified by Rate Analysis Test on 05/18/2020 8:51 AM*

✓ 2. General and Statistical Information [view \(view adjusted\)](#)

*Last Verified by Rate Analysis Test on 05/18/2020 8:53 AM*



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# Printing New Certification and Claimed Expenditures Forms

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**Q: How do I print new Certification and Claimed Expenditures forms after adjustments have been made to the cost report?**

The following four slides will show you how to access and print your new Entity Certification and Claimed Expenditures forms.



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# Printing New Certification and Claimed Expenditures Forms

✓ 7. Upload Preparer Certification [view](#)

*Last Verified by Rate Analysis Test on 05/18/2020 9:03 AM*

✓ 8. Entity Certification [view](#) ([view adjusted](#)) ← **Click on "view adjusted" on Step #8**

*Last Verified by Pam Mintonzzz on 05/18/2020 9:06 AM*

✓ 9. Upload Entity Certification [view](#)

*Last Verified by Pam Mintonzzz on 05/18/2020 9:07 AM*

✓ 10. Provider Adjustment Report [view](#)

*Last Verified by Pam Mintonzzz on 10/14/2020 3:15 PM*



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# Printing New Certification and Claimed Expenditures Forms

Welcome, Rate Analysis Test ([Logout](#))



STATE OF TEXAS AUTOMATED INFORMATION REPORTING SYSTEM (STAIRS)

ZZZ SHARS 1

[Dashboard](#)

[Cost Reporting](#)

[Manage](#)

2019 - Cost Report: 164900000 - SHARS -- ZZZ SHARS 1

Select  
Print



[View Cost Report Data](#)

[Reference Materials](#)

[Upload Center](#)

[Help](#)

## 8. Entity Certification

Read only view.

Last Verified by Pam Mintonzzz on 05/18/2020 9:06 AM

[Return](#)

To avoid common SHARS Cost Report processing issues please remember to:

Have the proper employee of the district sign the certification forms. The person signing the cost report certification forms (2) for the SHARS Cost Report should be the district's Chief Financial Officer (CFO), Business Officer, Superintendent, or other official that has signatory authority for the district.

Cost Report Certification

Claimed Expenditures

Ensure the certification pages are signed and dated after the submission date (or resubmission date) of the electronic cost report. Signer and Notary dates must be no earlier than the electronic cost report submission date.

Ensure that the Signer and Notary dates are the same. The notary language on the Certification page reads "Subscribed and sworn before me." This means that the date signed by the Signer and the Notary must be the same.

Sign and notarize both SHARS Cost Report certification forms. There are two forms:

Upload the form(s) that contains original signatures for both the Signer and the Notary.

# Printing New Certification and Claimed Expenditures Forms

TEXAS SCHOOL HEALTH AND RELATED SERVICES (SHARS) COST REPORT FOR 2019 (10/01/2019 TO 09/30/2020)		<b>The New Certification will Print</b>
9-Digit TPI:164900000	10-Digit NPI:1160000000	
Cost Report Certification		
<b>AS SIGNER OF THIS COST REPORT, I HEREBY CERTIFY THAT:</b>		
I have read the note below, the cover letter and all the instruction applicable to this cost report I have reviewed this entire cost report after its preparation. To the best of my knowledge and belief, this cost report is true, correct and complete, and was prepared in accordance with all the instructions applicable to this cost report This cost report was prepared from the books and records of the SHARS provider.		
<b>NOTE:</b> This COST REPORT CERTIFICATION must be signed by an individual legally responsible for the authorized agent and/or school district representative, such as the Chief Financial Officer, Business Officer, Superintendent, or other official. Misrepresentation or falsification of any information contained in this cost report may be punishable by fine and/or imprisonment under federal and/or state law.		
<b>SIGNER IDENTIFICATION</b>		
<b>Name of Signer</b> Rate Analysis Test	<b>Title of Signer</b> Preparer Test Account	
<b>Name of School District</b> ZZZ SHARS 1		
<b>Address of Signer</b> For State Use Only, Austin, TX 78758		
<b>Phone Number</b> 123456789	<b>FAX Number</b>	<b>Email:</b> Pamela.Minton@hhsc.state.tx.us
<b>SIGNATURE OF SIGNER</b>		<b>DATE</b>
<b>SIGNER AUTHORITY:</b>		



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# Printing New Certification and Claimed Expenditures Forms

TEXAS SCHOOL HEALTH AND RELATED SERVICES (SHARS) COST REPORT FOR 2019 (10/01/2019 TO 09/30/2020)		The Claimed Expenditures will Print
9-Digit TPI:164900000	10-Digit NPI:116000000	
Governmental Provider (School District) Name and Address:		
Claimed Expenditures		
This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act (the Act), and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the year ended 2019.		
Expenditures submitted to the Texas HHSC SFY 19 SHARS direct Medicaid services.	Total Computable	
	<u>\$82,385.67</u>	
INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.		
CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER		
HEREBY CERTIFY that for the reporting period:	From: 10/01/2019	To: 09/30/2020
I have examined this statement, the accompanying supported exhibits, the allocation of expenses and services, and the worksheets for the above indicated reporting period and to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the Provider in accordance with applicable instructions. The expenditures included in this statement are based on the actual cost recorded expenditures. The required amount of the state and/or local funds were available and used to pay for total computable allowable expenditures included in this statement, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures (including that the funds were not Federal funds in or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claimed expenditures were not used to meet matching requirements under other Federally funded programs). Federal matching funds are being claimed on this report in accordance with the cost report instructions provided by the Texas Health and Human Services Commission effective for the above indicated reporting period. I am the officer authorized by the referenced government agency to submit this form and I have made a good faith effort to assure that all information reported is true and accurate. I understand that this information will be used as a basis for claims for Federal funds, and possibly State funds, and that falsification and concealment of a material fact may be prosecuted under Federal or State civil or criminal law.		
SIGNATURE OF SIGNER		DATE



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# Thank you

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**Questions? Please contact:**  
**[ProviderFinanceSHARS@hhs.texas.gov](mailto:ProviderFinanceSHARS@hhs.texas.gov)**